

Mail application with fees to:
Department of Insurance
PO Box 1139
Sacramento CA 95812-1139

**State of California Individual Short Application
For Insurance License**
(Type or print clearly)

This application is to be used only if applicant is currently licensed in the State of California.

LICENSE TYPE:

☐ Accident and Health Agent (AH)

☐ Life-Only Agent (LO)

☐ Fire & Casualty Broker-Agent (FX)

☐ Personal Lines Broker-Agent (PL)

☐ Limited Lines Auto Insurance Agent (AU)

☐ Credit Insurance Agent (CI)

☐ Part Time Fraternal Agent (PF)

☐ Travel Agent (TA)

☐ Communications Equipment Agent (CV)

☐ Rental Car Agent (RC)

☐ Surplus Line Broker (SL)**

☐ Special Lines' Surplus Line Broker (SP)**

☐ Life and Disability Analyst (LA)

☐ Motor Club Agent (MC)

☐ Cargo Shipper's Agent (CS)

☐ Vehicle Service Contract Provider (VS)

☐ Self-Service Storage Agent (SS)

Social Security Number *

Last Name

First Name

Full Middle Name

Suffix

Current License Number

The following address information needs to be completed only if different than address currently on file with CDI.

Resident Address (P.O. Box **not** acceptable)

City

State

Zip Code

Resident Phone Number

() -

Business Address (P.O. Box **not** acceptable.)

City

State

Zip Code

Business Phone Number

() -

Mailing Address (P.O. Box **is** acceptable.)

City

State

Zip Code

E-mail address

SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION-(In compliance with the Americans with Disabilities Act)

Do you have a disability/impairment for which you may need assistance during the written examination(s)? ☐ Yes ☐ No

EXAMINATION INFORMATION: Do you wish to schedule online? ☐ Yes ☐ No **(If No, please complete questions below)**

(If Yes, the department will notify you by email with instructions once your application has been processed)

Desired Location ____ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (CL) Clovis (usually the second and fourth Saturday)

Desired Date _____ a.m. ____ p.m. ____ If we are unable to provide you with the date selected, you will be scheduled the next available date.

List any dates that you are not available: _____

LIFE-ONLY AGENT LICENSE APPLICANTS ONLY:

Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code?..... ☐ Yes ☐ No

LIFE-ONLY AGENT/PART TIME FRATERNAL LICENSE APPLICANTS ONLY:

Are you intending to act as a Variable Contract agent?..... ☐ Yes ☐ No

Are you registered with SECO or NASD?..... ☐ Yes ☐ No

CRD# _____ If CRD# is not provided; acceptable proof must be attached before the authority may be granted.

FICTITIOUS NAMES: (Complete only if DBA has not already been approved by this office)

Do you intend to use a fictitious (DBA) name? ☐ Yes ☐ No

If yes, list such name: (This name must be approved by the Department prior to use.)

Have you, since your last previous application to the California Department of Insurance, been convicted of a crime? (If yes, you must submit a signed statement detailing events (dates and places) and certified court documents showing final judgement)..... ☐ Yes ☐ No

Have you, or your organization or any of its officers, directors, or 10% or greater shareholders, been the subject of any administrative agency disciplinary action since your last previous application (If yes, you must submit a signed statement detailing events (dates and places) and certified documents, from governing agency, showing final dispensation)..... ☐ Yes ☐ No

APPLICANT'S CERTIFICATION:

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE, ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.

APPLICANTS SIGNATURE: ► _____ CITY _____ DATE _____

* **Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and the Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b).**

** **Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application**

LIC 441-17 (Rev 01/08)